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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration
Submitted
With Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number	02504
First Named Inventor	Jeremy C. Howard et al.
<i>COMPLETE IF KNOWN</i>	
Application Number	Unknown
Filing Date	Unknown
Art Unit	Unknown
Examiner Name	Unknown

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

FACE SHIELD ASSEMBLY*(Title of the Invention)*

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? Yes	Certified Copy Attached? No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

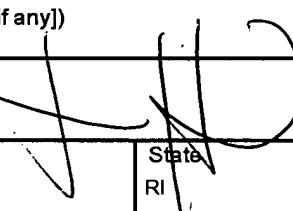
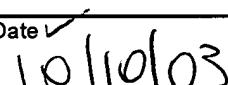
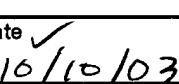
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number: 000987 OR <input type="checkbox"/> Correspondence address below			
Name Jodi-Ann McLane, Salter & Michaelson			
Address 321 South Main Street			
City Providence		State RI	ZIP 02903-7128
Country US		Telephone 401-421-3141	Fax 401-861-1953
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Jeremy C.		Family Name or Surname Howard	
Inventor's Signature 		Date 	
Residence: City Little Compton	State RI	Country US	Citizenship US
Mailing Address 16 Austin Lane			
City Little Compton	State RI	ZIP 02837	Country US
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Luke W.		Family Name or Surname Michael	
Inventor's Signature 		Date 	
Residence: City Westerly	State RI	Country US	Citizenship US
Mailing Address 58 Tum A Lum Circle			
City Westerly	State RI	ZIP 02891	Country US
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet

Page _____ of _____

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)		Family Name or Surname	
Richard W.		Canavan	
Inventor's Signature 		Date <i>Oct 10, 03</i>	
Woodstock Residence: City 166 Woodstock Road Mailing Address	CT State	US Country	US Citizenship
Mailing Address			
Woodstock City	CT State	06281 Zip	US Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)		Family Name or Surname	
Raymond		Curci	
Inventor's Signature 		Date <i>10/10/03</i>	
Smithfield Residence: City 27 Rogler Farm Road Mailing Address	RI State	US Country	US Citizenship
Mailing Address			
Smithfield City	RI State	02917 Zip	US Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)		Family Name or Surname	
Laurent		Froissard	
Inventor's Signature 		Date <i>✓ 10 October 2003</i>	
Cranston Residence: City 14 Ivy Hollow Court Mailing Address	RI State	US Country	France Citizenship
Mailing Address			
Cranston City	RI State	02921 Zip	US Country

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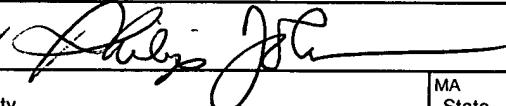
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Supplemental Sheet

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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any)		Family Name or Surname		
Philip M.		Johnson		
Inventor's Signature 		Date <u>10/10/03</u>		
Charlton Residence: City	MA State	USA Country	US Citizenship	
61 E. Baylies Road Mailing Address				
Mailing Address				
Charlton City	MA State	01507 Zip	USA Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any)		Family Name or Surname		
Erica L.		Osley		
Inventor's Signature 		Date <u>10/10/03</u>		
Coventry Residence: City	RI State	USA Country	US Citizenship	
12 Walker Lane Mailing Address				
Mailing Address				
Coventry City	RI State	02816 Zip	USA Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any)		Family Name or Surname		
Inventor's Signature		Date		
Residence: City	State	Country	Citizenship	
Mailing Address				
Mailing Address				
City	State	Zip	Country	

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**POWER OF ATTORNEY
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CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	Unknown
Filing Date	Unknown
First Named Inventor	Jeremy C. Howard et al.
Title	FACE SHIELD ASSEMBLY
Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	02504

I hereby appoint:

Practitioners at Customer Number:

000987

OR

Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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Address

City

State

Zip

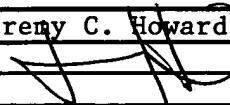
Country

Telephone

Fax

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**Name Jeremy C. HowardSignature Date 10/10/03

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

*Total of 7 forms are submitted.

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SIGNATURE of Applicant or Assignee of Record

Name Luke W. Michas

Signature

Date 10/10/03

Telephone

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	Richard W. Canavan		
Signature	<i>Richard W. Canavan</i>		
Date	Oct. 12, 2003	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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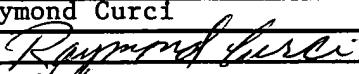
OR

<input type="checkbox"/>	Firm or Individual Name
Address	
Address	
City	State
Country	Zip
Telephone	Fax

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SIGNATURE of Applicant or Assignee of Record

Name	Raymond Curci
Signature	
Date	10/01/03
Telephone	

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Attorney Docket Number	02504

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Individual Name

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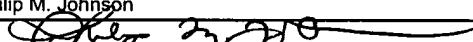
<input type="checkbox"/>	Firm or Individual Name	
Address		
Address		
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Country		
Telephone	Fax	

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SIGNATURE of Applicant or Assignee of Record

Name	Philip M. Johnson	
Signature		
Date	10/10/03	Telephone

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<input type="checkbox"/>	Firm or Individual Name			
Address				
Address				
City		State		Zip
Country				
Telephone		Fax		

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	Erica L. Osley		
Signature	<i>Erica L. Osley</i>		
Date	10/10/03	Telephone	

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